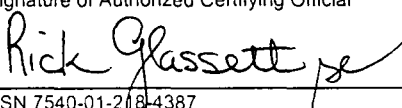


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. EPA - Region 6		2. Federal Grant or Other Identifying Number Assigned By Federal Agency BP-986187-01-0		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) City of Galveston PO Box 779, 823 Rosenberg Street, Galveston, Tx. 77553-0779					
4. Employer Identification Number 74-6000905		5. Recipient Account Number or Identifying Number 1250-170100-X-419000		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/1998		To: (Month, Day, Year) 9/30/2003		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2003	
				To: (Month, Day, Year) 9/30/2003	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		237,065.75	4,589.84	241,655.59	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		237,065.75	4,589.84	241,655.59	
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)				241,655.59	
h. Total Federal funds authorized for this funding period				400,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				158,344.41	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Rick Glassett, Finance Director			Telephone (Area code, number and extension) (409) 797-3562		
Signature of Authorized Certifying Official 			Date Report Submitted October 30, 2003		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

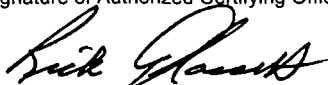
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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. EPA - REGION 6		2. Federal Grant or Other Identifying Number Assigned By Federal Agency BP - 986187 - 01 - 70 ¹⁶		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) CITY OF GALVESTON P.O. BOX 779, 823 ROSENBERG ST., GALVESTON, TX 77553-0779					
4. Employer Identification Number 74 - 6000905		5. Recipient Account Number or Identifying Number 1250-170100-X-419000		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/1998		To: (Month, Day, Year) 3/31/2003		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2002	
		To: (Month, Day, Year) 3/31/2002			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		213,145.28	1,298.03	214,443.31	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		213,145.28	1,298.03	214,443.31	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				214,443.31	
h. Total Federal funds authorized for this funding period				400,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				185,556.69	
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. AIRFARE TO TRAINING SESSION IN DALLAS, TX FOR PAULA OZYM ON 07/28/00 WAS NOT PAID UNTIL 11/16/01.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title RICK GLASSETT, INTERIM FINANCE DIRECTOR			Telephone (Area code, number and extension) (409) 797-3562		
Signature of Authorized Certifying Official 			Date Report Submitted May 15, 2002		